

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10742344 FILING DATE 12-22-03
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		3				
6		2				
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
13		1				
14		1				
15		2				
16		1				
17		1				
18		1				
19		3				
20		2				
21		1				
22		1				
23		1				
24		1				
25	1					
26		1				
27		2				
28	1					
29		1				
30		2				
31		0				
32		0				
33		0				
34		0				
35		1				
36	1					
37		1				
38		1				
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	43					
TOTAL CLAIMS	48					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						